STATE OF NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF PUBLIC HEALTH

Licensure Unit P. O. Box 94986 Lincoln, NE 68509-4986

APPLICATION TO AMEND A WHOLESALE DRUG DISTRIBUTOR LICENSE

PLEASE NOTE THAT CHANGE OF OWNERSHIP OR CHANGE OF PREMISES TERMINATES THE LICENSE

1.	Name	of Wholesal	e Drug						Lic	ense #:		
	Distrib											
2.	Addres		et/PO Box	/Route	:							
		City					State:			Zip:		
3.	Teleph	-					Fax	T				
0.	Numbe						Number:					
4.	E-mail						rambor.					
٠.	Addres											
5.	(Check	Box) Cha	inge of Nar	me:								
]										
		Cha	inge of Des	signate	d							
		Rep	Representative or Corporate									
		Offi	cer for Man	nufactu	rers:							
		Effe	ctive Date	of Cha	inge:							
		Old	Old Designated									
		Rep	Representative or Corporate									
		Offi	cer:									
		Nev	v Designate	ed								
		Rep	Representative or Corporate									
		Offi	cer:									
	Supervisor of Designate			ated								
		Rep	resentative	e:								
		Did	the superv	isor of	the design	ated repres	entative cha	nge from your orio	ginal wholesale di	rug		YES
		dist	ributor licer	nse ap _l	olication?							NO
6.	The ne	ew designat	ed represe	entativ	e must an	swer the fo	llowing que	estions: (Medica	l Gas Distributo	rs and M	anufac	cturers
	are no	t required t	o complete	e this	section.)							
	a. F	Place of residence for the immediately preceding seven (7) years:										
	5	Street/PO Bo	x/Route:									
									.			
		City:				State:			Zip:			
	Inclusive dates at this address:											
											_	

	Street/PO Box/Route:						
	City:	State:	Zip:				
	Inclusive dates at this address:		L				
).	Date of Birth:	Place of Birth:					
,.	Bute of Birth.	Trace of Birth.					
) .	List of all occupations, positions of years, this list should include name	of employment, and office ne of principal business a	es held during the immed nd addresses:	diately preceding seven (7)			
	Occupation/Position of employment/ offices:						
	Street/PO/Route:						
	City:	State:		Zip:			
	Inclusive dates at this address:						
	Occupation/Position of employment/ offices:						
	Street/PO/Route:						
	City:	State:					
	Inclusive dates at this address:		1				
	Occupation/Position of employment/ offices:						
	Street/PO/Route:						
	City:	State:	Zip:				
	Inclusive dates at this address:						

d. Have you been, at any time during the immediately preceding seven (7) years, the subject of any proceeding for the revocation of any license? If yes, explain the nature of the proceeding, provide the date of the proceeding and its disposition, and submit official documentation from the entity that revoked the license: Have you been, at any time during the immediately preceding seven (7) years, either temporarily or permanently enjoined by a court of competent jurisdiction from violations of any federal or state law regulating the possession, control or distribution of prescription drugs? If yes, provide the dates and details of such order and submit official documentation from the court: Frovide a description, including dates, of any involvement by the designated representative during the immediately preceding seven (7) years, other than the ownership of stock in a publicly traded company or mutual fund, with any business which manufactured, administered, distributed, or stored prescription drugs and any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits:									
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	g.	Have you ever been convicted of any felony?		☐ Yes	□ No	
		If yes, the following documents must be sent directly	to the Credential	ing Division:	1) Official c	court records,
		which includes charges and disposition; 2) A letter from	om you explaining	g the circumst	tances surro	ounding the
		conviction; 3) If the conviction involved a drug and/o	or alcohol related	offense, all ac	ddiction/mer	ntal health
		evaluations and proof of treatment (if treatment was	obtained and/or re	equired); and	4) If you ar	e currently on
		probation, a letter from your probation officer address	sing probationary	conditions ar	nd your curr	rent status.
	h.	I have submitted with this application a photograph of	of the designated	representative	e taken with	nin the
		immediately preceding 30 days.	· ·	•		
	i.	I have submitted fingerprint cards to the NE State Pa	atrol for criminal b	ackground ch	ecks pursu	ant to 172 NAC
		131-004 for the following personnel.		J	•	
		Designated representative		□ <i>\</i> /		
				☐ Yes	□ No	
		Supervisor of the designated representative		□ <i>\</i> /		
		(if applicable)		☐ Yes	□ No	
Plea	se n	ote that this amendment cannot be processed until	il the criminal ba	ckground ch	necks have	been received
and	revie	ewed by the Department. Criminal Background Ch	iecks are not req	juirea for Me	aicai Gas L	Distributors or
		ewed by the Department. Criminal Background Ch turers.	ecks are not req	uirea for ivie	dicai Gas L	Distributors or
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